FP-04 rev. 4/04

PLEASE TYPE OR PRINT CLEARLY

PLEASE FILL IN THE APPROPRIATE SECTIONS THEN FAX TO (631) 451-6283.

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1. NAME OF BUSINESS OR OCCUPANT:			2. TELEPHONE:
3. ADDRESS:			4. FIRE DISTRICT:
5. DATE OF OCCURRENCE:	6. TIME OF OCCURRENCE:	7. FM FILE #: (FOR FM USE ONLY, FD LEAVE BLANK)	
8. FORM COMPLETED BY (NAME / RANK):			9. DATE:
CARBON MONOXIDE DETECTOR ACTIVATIONS:			
18. DETECTOR MAKE:		19. MODEL:	20. DATE INSTALLED:
21. WHERE ON BUILDING WAS THE DETECTOR LOCATED?:			
22. SYMPTOMS/COMPLAINTS OF OCCUPANTS:			
23. WEATHER CONDITIONS:			
24. DID FD CHECK FOR CO WITH THEIR METER?:		25. TYPE METER:	26. READING:
27. IF CO DETECTED, SOURCE?:			
28. OTHER FD ACTIONS:			
This Section for OTHER COMPLAINTS (locked exits, sprinkler/fire alarm out of service, over-occupied, electrical, etc.)			
Nature of Complaint:			